

Alaska Permanent Fund Dividend
**2023 Application on Behalf
of an Adult Estate**

(Person 18 years or older or emancipated on date of death)

Use this form if you are applying for an adult that did not apply for a 2023 dividend and:

- who died during the period June 30, 2022, and ending December 31, 2022 and received a 2021 dividend OR
- who died during the period beginning January 1, 2023, and ending at midnight March 31, 2023.

Check if you are a:

- ☐ personal representative of the estate; or
- ☐ successor claiming personal property under AS 13.16.680

Enclose a copy of:

- The adult's death certificate, and
- An affidavit or legal court document naming you as the authorized representative of the estate.

APPLICANT'S SOCIAL SECURITY NUMBER

APPLICANT'S DATE OF BIRTH

☐ MALE
☐ FEMALE

Failure to provide a valid SSN will subject this dividend to 24% backup withholding by the IRS.

APPLICANT'S FIRST NAME

M.I. LAST NAME

MAILING ADDRESS (OF SUCCESSOR OR REPRESENTATIVE)

APT # CITY

STATE

ZIP CODE

LAST STREET OR PHYSICAL ADDRESS OF APPLICANT (REQUIRED BY LAW, NO PO BOXES, CHECK HERE ☐ IF SAME AS MAILING)

Shade circles like this: ☒ Not like this: ☐

1. Did the applicant receive a 2022 Dividend? Answer YES even if the dividend was assigned or garnisheed. If NO, complete Question 11 on the back of this form AND attach a completed Adult Supplemental Schedule.
- YES ☐ NO ☐

2. Did the applicant die during the period beginning June 30, 2022 and December 31, 2022 or January 1, 2023 and ending at midnight March 31, 2023? If No, explain below.
- YES ☐ NO ☐

3. A. During 2022, was the applicant gone from Alaska more than 90 days total?
- YES ☐ NO ☐

If YES, complete Question 8 on the back of this form AND attach Parts B & C of the Adult Supplemental Schedule.

- B. During 2022, was the applicant gone from Alaska more than 180 days total?
- YES ☐ NO ☐

If YES, complete Questions 8 through 10 on the back of this form AND Parts B & C of the Adult Supplemental Schedule.

4. Was the applicant a United States citizen? If U.S. National non-naturalized choose NO and complete Question 13.
- YES ☐ NO ☐

If NO, complete Questions 12 and 13 on the back of this form.

5. At any time since December 31, 2021 had the applicant been on active duty as a member of the U.S. Armed Forces or activated as a member of the U.S. Guard or Reserve? Civilians, non-activated Alaska National Guard members and Alaska Reservists answer NO.
- YES ☐ NO ☐

Number 6 and 7 intentionally not used.

Filing Deadline: March 31, 2024

List one adult Alaska resident, other than the successor or representative, who can verify the applicant's residency

Full Name	
Mailing Address	
City, State, Zip Code	Daytime Telephone Number ()

Read the Following Statements and Sign Below

NOTE: "Date of application" means the date on which an application for a dividend is timely filed or delivered per 15 AAC 23.993 (b)(1)&(2).

I certify that on the date of application, the adult named on this application:

- Did not claim residency in another state, territory, or country.
- Was an Alaska resident for all of 2022 and/or through the date of decease.
- Was physically present in the state of Alaska for at least 72 consecutive hours in 2021 or 2022.

I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:

- I will lose this and all future dividends.
- I will be required to pay back all dividends I have been paid.

I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:

- I could lose this dividend and my next five dividends.
- I may have to pay a fine of up to \$3,000.

Release of Information: I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify my eligibility for the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, the Alaska Department of Health (DOH), Division of Public Assistance and the Alaska Department of Family and Community Services (DFCS), Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

I certify that the information I am supplying on and with this form is true and correct.

Your Signature	Date
Your Full Name	Daytime Telephone Number ()
Mailing Address	
City, State, Zip Code	

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Read Each Question Carefully.

Answer Question 8 if you answered YES to Questions 3A or 3B.

8. List all dates the applicant was absent from Alaska in 2022. If the applicant left before January 1, 2022, enter the date the applicant left Alaska. For each type of absence, write the absence code in the space provided and list the dates on separate lines. Attach additional sheets as needed for explanation. All absence codes are detailed below. If the adult had more absences than the number of lines provided below, list on an attachment.

Code (A-R)	Absence Begin Date Month / Day / Year			Absence End Date Month / Day / Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Why was the applicant absent?

Absence Codes

A. Accompanied an **eligible Alaska resident** as the resident's spouse or disable dependent. Complete Question 11.

B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). Download an Education Verification form at www.pfd.alaska.gov. See Q for secondary education.

C. Served as a member of the U.S. Armed Forces. Attach a copy of the applicant's orders.

D. Received continuous medical treatment under a physician's care. Download a Medical Treatment Verification form at www.pfd.alaska.gov.

E. Served as a member of Alaska's congressional delegation or staff.

F. Served as a volunteer in the federal Peace Corps program. Attach proof.

G. Trained or competed as a member of the U.S. Olympic team. Attach proof.

H. As a requirement of employment by the State of Alaska.

I. Other reasons, including business or vacation. Attach explanation.

J. Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.

L. Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.

M. Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.

N. Provided care for a terminally ill family member. Download a Physician's Statement for Terminally Ill Care form at www.pfd.alaska.gov.

P. Employed aboard a vessel of the U.S. Merchant Marine.

Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). Download an Education Verification form at www.pfd.alaska.gov. See B for postsecondary education.

R. Participated for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. Attach proof.

S. Permanently relocated outside Alaska.

Answer Questions 9 and 10 if you answered YES to 3B.

9. Had the applicant ever lived in Alaska as a resident for at least 180 days immediately before the first absence listed in Question 8? If YES, list the dates of the most recent 180 day period before the first absence listed in Question 8. YES NO
☐ ☐

From (Month-Day-Year)	Through (Month-Day-Year)
<input type="text"/>	<input type="text"/>

10. Was the applicant in Alaska for at least 72 consecutive hours during 2021 or 2022? YES NO
☐ ☐

If YES, when was the applicant most recently in Alaska?

2021	2022	Attach documentation showing the applicant was in Alaska.
<input type="radio"/>	<input type="radio"/>	

Answer Question 11 if you answered NO to Question 1.

11. If applicant was married, provide spouse information. Applicant's spouse must file a separate application if applying.

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Social Security Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Date of Birth (Month-Day-Year)		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Answer Questions 12 & 13 if you answered NO to Question 4.

12. What is the applicant's alien registration number and PRC expiration?

A- <input type="text"/>	EXPIRATION DATE (mm/dd/yyyy) / /
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13. What was the applicant's legal immigration status on 12/31/2021?

<input type="radio"/> Resident	<input type="radio"/> Asylee
<input type="radio"/> Refugee	<input type="radio"/> U.S. National (non-naturalized)
<input type="radio"/> VISA	VISA TYPE <input type="text"/>
	EXPIRATION DATE (mm/dd/yyyy) / /

If this is the first time the applicant is applying for a dividend, attach a copy of the front and back of the visa or alien registration card.